

# READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 10 April 2017

## Emergency Public Notification System Options

Many jurisdictions have options available to their citizens to provide mass notifications during emergency situations, severe weather, or even road construction. Across the state of Kansas there is not a single system that is utilized by each county. The best way to gain insight about options available within your county is to contact your County Emergency Management Office.

In addition to mass notification systems that may be utilized by local jurisdictions there are many other options available to help citizens stay safe and informed. Other sources for information include NOAA Weather Radio, news media coverage, the Emergency Alert System on radio and TV broadcasts, desktop applications, and mobile applications. Through these systems you can sign up for various methods of alerts and receive alerts for your location to help you make informed decisions and take what may be lifesaving actions.

In addition to these methods of mass notification the National Oceanic and Atmospheric Administration is striving to create a Weather-Ready Nation enhancing overall awareness and preparedness of citizens. Through a nationwide text emergency alert system, Wireless Emergency Alerts (WEA), you can be warned when severe weather threatens the area that you are currently in.

Wireless Emergency Alerts (WEA) are emergency messages with a special tone and vibration sent by authorized government alerting authorities through your mobile carrier. WEA messages are complimentary messages for WEA compatible devices. No signup is required to receive WEA messages. Alerts are sent automatically to WEA-capable phones during an emergency. Additionally, WEA is a free service and will not deduct minutes or data from your monthly plan.

(Continued on Page 10)

*"This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons learned..."*

*- Federal Register, 9/16/2016*

### In This Issue

- Communication

Previous issues of the Ready Reader available at <http://www.kdheks.gov/cphp/providers.htm>



## 17 Provider Types

There are 17 provider types that are affected by this rule. They are:

- Hospitals
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly
- Transplant Centers
- Long-Term Care Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- Rural Health Clinics and Federally Qualified Health Centers
- End-State Renal Disease Facilities

## Public Information Training

Some available Public Information and Risk Communications Trainings either in-person or online:

[KDEM Training: G290 Basic Public Information Officer Course](#)

[KDEM Training: AWR-209 Working with the Media: A Short Course for Rural First Responders](#)

[Risk Communications for High Risk and At-Risk Populations](#)

[Planning for Disasters-Related Risk Factors and Functional Needs of People with Disabilities](#)

[Working with the Media](#)

[Crisis Communication for Hospital Administrators](#)

[Don't Panic: Principles of Crisis and Risk Communication Scenario](#)

[IS-702.a—National Incident Management System \(NIMS\) Public Information Systems](#)

[Emergency Risk Communication](#)

## Kansas Health Alert Network

The Kansas Health Alert Network (KS-HAN) is an internet-based, secure, emergency alerting system that allows general public health and emergency preparedness information to be shared rapidly.

KS-HAN has the ability to alert registrants by organization, occupation, county, or group through e-mail, work and cell phone, and SMS text.

Since KS-HAN is the primary system used by KDHE for communication during an emergency, it is important to ensure that your organization's registrants and their contact information are kept updated.

KS-HAN is an invitation-only system. To request an invite code or for technical assistance, e-mail your name, organization, phone number, and employer to the KS-HAN Administrator at [kdhe.kshanadmin@ks.gov](mailto:kdhe.kshanadmin@ks.gov)

You will receive an invite code by e-mail that you will be required to enter, along with your e-mail address, during registration.

## Government Emergency Telecommunications Service (GETS) Eligibility

During emergencies, the public telephone network can experience congestion due to increased call volumes and/or damage to network facilities, hindering the ability of national security and emergency preparedness (NS/EP) personnel to complete calls. The Government Emergency Telecommunications Service (GETS) provides NS/EP personnel priority access and prioritized processing in the local and long distance segments of the landline networks, greatly increasing the probability of call completion. GETS is intended to be used in an emergency or crisis situation when the network is congested and the probability of completing a normal call is reduced.

Calls placed through GETS will receive priority over normal calls, allowing users to communicate even during the highest levels of network congestion and do not preempt or terminate other calls already in process.

### Disaster Recovery

This user type performs NS/EP functions of managing a variety of recovery operations after the initial response has been accomplished. These user functions may include the following:

- Managing medical resources such as supplies, personnel, or patients in medical facilities
- Medical recovery operations leadership

### Public Health, Safety, and Maintenance of Law and Order

The user type performs NS/EP functions necessary for giving civil alert to the US population by maintaining law and order and the health and safety of the US population in times of national, regional, or serious local emergency. These user functions may include the following:

- Hospitals and distribution of medical supplies

For more information concerning GETS please visit <https://www.dhs.gov/government-emergency-telecommunications-service-gets>.

# Emergency Preparedness requires a Communications Plan

By: American Health Care Association and National Center for Assisted Living

Because the parts of an Emergency Preparedness plan are interrelated, having a comprehensive plan is essential. Yet one problematic area of emergency planning, especially in health care settings (skilled and post-acute care centers, assisted living communities, and ID/DD centers), is the Communications plan. Transparent and accurate communications with stakeholders, especially the media, during and after a crisis contributes to a successful resolution of the problem, including a positive evaluation by stakeholders and the public.

The Communications plan – consisting of policies, procedures, and an incident command structure -- is the primary tool management has to ensure employees follow protocols during an emergency in contacting stakeholders, the media, and others. The Media Outreach plan is an essential part of the Communications plan (see below).

To help set management on the right path to developing a communications plan, the following six-point outline can be a guide in the process of creating or modifying emergency preparedness communications procedures. Using these six steps will help management gauge when emergency preparedness is on solid footing.

## Communications Plan: Scope and Severity

During an emergency (or “incident”), the Communications plan should govern all communications within an organization and with external stakeholders, including the media. However, the plan needs flexibility; an organization’s management may only need a portion of the incident command structure, depending on the scope and severity of the emergency, such as an elopement versus a natural disaster (hurricane, wildfires etc.). Irrespective of the emergency’s intensity, the organization’s emergency response team stays in a communications mode, appropriate to the situation, for the duration of the incident, as well as after, to ensure transparency throughout the process.

### 1. Form a Team

An early step in emergency preparedness is to designate an Emergency Communications Team (ECT), or person, as part of a broader Incident Management Team. Typically the ECT will consist of the organization’s leadership; with the Administrator or Executive Director, or CEO in the lead and designated “Commander.” But any staff can fill any position on the ECT. (For more on a typical chain of command see information on the Nursing Home Incident Command Structure.) The first goal of the ECT is to evaluate the scope and severity of the event, gather accurate information about it, and report back to the Commander and other ECT members.

In an emergency there may be limited or conflicting information about the event or its impact. “Facts” matter and may change several times as new information is available. Thus, the ECT team needs training and practice in evaluating and communicating accurate details about the emergency.

Planning and practicing for typical scenarios and a variety of magnitudes of events is a key-stone to a successful outcome in an actual emergency. When an emergency strikes, the organization's staff responders and spokesperson should know instinctively what to do and how to report "up the chain of command."

## 2. Plan Ahead

With the ECT in place, the incident Commander and spokesperson should quickly begin to develop communications, like a press statement or interview notes, that accurately address anticipated (or specific) questions from stakeholder groups, including the news media. In planning for emergencies, an important role for the ECT is to develop templates of materials to make outreach more efficient in the early stages of a crisis.

In an actual emergency, the ECT should have pre-existing template materials, modified to suit the situation at hand and tailored to various stakeholders (groups and individuals). The ECT needs to coordinate distribution of consistent messages across all stakeholder groups. This works well when a specific person is designated the official spokesperson. He or she will work with the Commander to finalize internal and external comments related to the emergency to ensure accuracy and consistency of all messages. (See more under Media Outreach.)

To kick start the ECT in working on the Communications plan, here are a few initial projects members can do:

- Check records of resident relocation and staff contacts for accuracy
- Prepare a memo to update staff on the emergency preparedness plan
- Practice how to handle media inquiries, including social media
- Practice how to handle inquiries from families (who may be in a panic)
- Brainstorm possible scenarios/responses

## 3. Know the Stakeholders

As tempting as it may be, management should not rely exclusively on one way to communicate (e.g. telephone) their statements and messages. There should always be options in a plan for using alternate communications channels -- like text, wired telephone, cell phone, Internet, etc.

A key task of the ECT is to develop a priority list of stakeholders to contact in various scenarios, depending on the severity or scope of the event (e.g. elopement, hurricane).

- First responders (911, EMS, fire, police)
- Utility companies (power, water, gas)
- Residents and families
- Employees, volunteers, and families
- News media (print, broadcast, internet)
- Regulators (local/state/federal), elected officials, etc.
- Corporate management (up the chain of command)
- Neighbors living near the facility
- State health care associations and others

#### 4. Know How to Contact Stakeholders

Have the ECT compile contact information for each stakeholder group and individuals; try to acquire multiple ways to contact them. The ECT should establish a policy schedule to update all lists. Other factors include:

- Keep duplicates in digital and hard copy form
- Copies of lists should be available at *alternate* evacuation sites along with other emergency resources
- Secure lists to protect confidential information and make it available only to authorized users

#### 5. Communication Channels

One person should have final approval of all official statements. Ideally, that person is the Commander, working with the spokesperson. Following are typical channels to disseminate a statement or other communications to stakeholders:

- Press conference with press statement
- Interview with the media
- Telephone
  - Emergency hotline
  - Phone chain
  - Live interview
- Email
- In-facility briefing
- Social media (Facebook/Twitter/YouTube)
- Web site

#### 6. Honor Confidentiality

Brief the ECT on HIPAA compliance and employment law to ensure confidentiality of covered information. Remind staff not to speculate or discuss an event, especially with media.

### **Conclusion**

In an emergency, the need to react appropriately is immediate, followed by the need to communicate about it. An organization must know its stakeholders and how to communicate with them in advance of ever needing to actually do it. It is critical that organization leadership is prepared, and staff is empowered, to deal with a situation when it happens. There's never any time to lose when trying to preserve life and property. Staff training is a necessity. Lack of preparedness in an emergency has many markers, including:

- Emergency responses are slow and most likely inadequate
- Residents, patients and staff are unnecessarily harmed or stressed out
- Stakeholders, including families, are uninformed and probably agitated
- Local media outlets are out of the loop
- The crisis lingers long beyond the time required to bring it to a conclusion

For an organization identified as being unprepared, public opinion will drop and damage its

good name (brand). To the public, poor performance in an emergency is a serious breach of an organization's commitment to caring for people.

Preparing diligently for emergencies is serious business. It can save lives and property, enhances a community's goodwill, and may even save your career.

### **The Media Plan**

The key ingredient for dealing effectively with an emergency is through preparing, or updating, a Media plan as part of a Communications plan. There is not time to "figure it out" when an emergency strikes; it is critical to respond quickly and deal with the situation transparently and provide information and answers in a coherent, consistent way. As a rule of thumb, an organization's leadership should release a statement in an hour or so of being contacted by the media about an emergency.

### **Developing the Media Plan**

A media plan should include policies on how, when and who is designated to talk with the media (see section on "spokesperson"), the surrounding community, residents, families, and the staff. Everyone on staff should be aware of who the authorized spokesperson is and how and when to contact him or her. Disseminate the overall communications plan to all employees.

To develop a media plan, start with these basic steps:

1. To prepare, an organization needs to pre-draft emergency statements that incorporate relevant language or concepts from the organization's mission statement (i.e. "importance of resident safety"); identify who to quote as part of this process. Just leave space to fill in specific details related to the emergency. Use these statements for any type or level of emergency or activity that generates media interest.
2. Make a comprehensive list of the radio, television, newspapers (weeklies and shoppers too!), senior publications and websites covering the profession in the area. Add the names and titles of key contacts and include web addresses, intranet sites, or other mass notification systems such as group e-mail lists, text messages, and social media as a way to distribute statements and updates.
3. Prepare several media "*kits*." The kit should be in a folder containing a brief history of the organization and general information about the company. In an emergency, there won't be time for anyone to prepare media materials from scratch.

### **Identify Spokesperson**

The organization should identify at least two staff members to be a primary and substitute spokesperson. Ideally, spokespersons should be staff members who are, or can become, familiar with the organization's operations, policies, procedures, and history.

Seriously consider that the executive director/administrator may not always be the best primary spokesperson. A top leader needs to manage a difficult environment and may not be available to properly handle the media or arrange interviews.

If a staff person is already involved with the media (e.g. community events), he, or she, may be best suited to fill the spokesperson's role. After identifying and training spokespeople, post their contact information, such as office and cell phone numbers and e-mail addresses, in a place where staff can easily access it.



Task the spokesperson with gathering information about an emergency and to answer basic questions from the media and others regarding what is going on. To do this properly, and expeditiously, the spokesperson should:

- Have access to senior management to understand the situation and its ramifications
- Know basic statistics about the organization, and larger parent company, such as the number of residents, census data (number of beds, units, etc.), the number of employees, and a general outline of the company and its mission statement.
- Release information or clarifying points of fact; arrange for the release of a statement, or arrange interviews or tapings by the media.

If there is not a designated spokesperson, perceptions of the emergency may become a media circus; a crisis unto itself. If the organization fails to cooperate, such as stating “no comment” to questions about the emergency, assume that reporters will attempt to interview anyone, even residents, who may be willing to talk about of the situation without regard to accuracy.

In summary, the time to formulate an emergency communications plan is not when an emergency occurs; there just is not time to formulate an emergency preparedness plan. So prep the ECT in advance; compile and update media lists frequently; have several media kits prepared in advance; and make sure staff knows the correct procedures to follow.

### **A Word about Today’s Media**

When writing a media plan be sure to include the internet and social media.

Consider the organization’s web page (“home page”) as a first step in the communications process. In an emergency, the media and the public will flock to a web site for news and basic information about the organization. So, make sure the mission statement is readily available, along with a brief history and current facts (total beds, staff, etc.) about the organization. Basically, be transparent about the organization.

Be sure the designated spokesperson regularly uses and updates all social media accounts, such as Facebook. It's important to post information to social networks several times a week to keep followers engaged in the organization’s web site.

### **The Bottom Line**

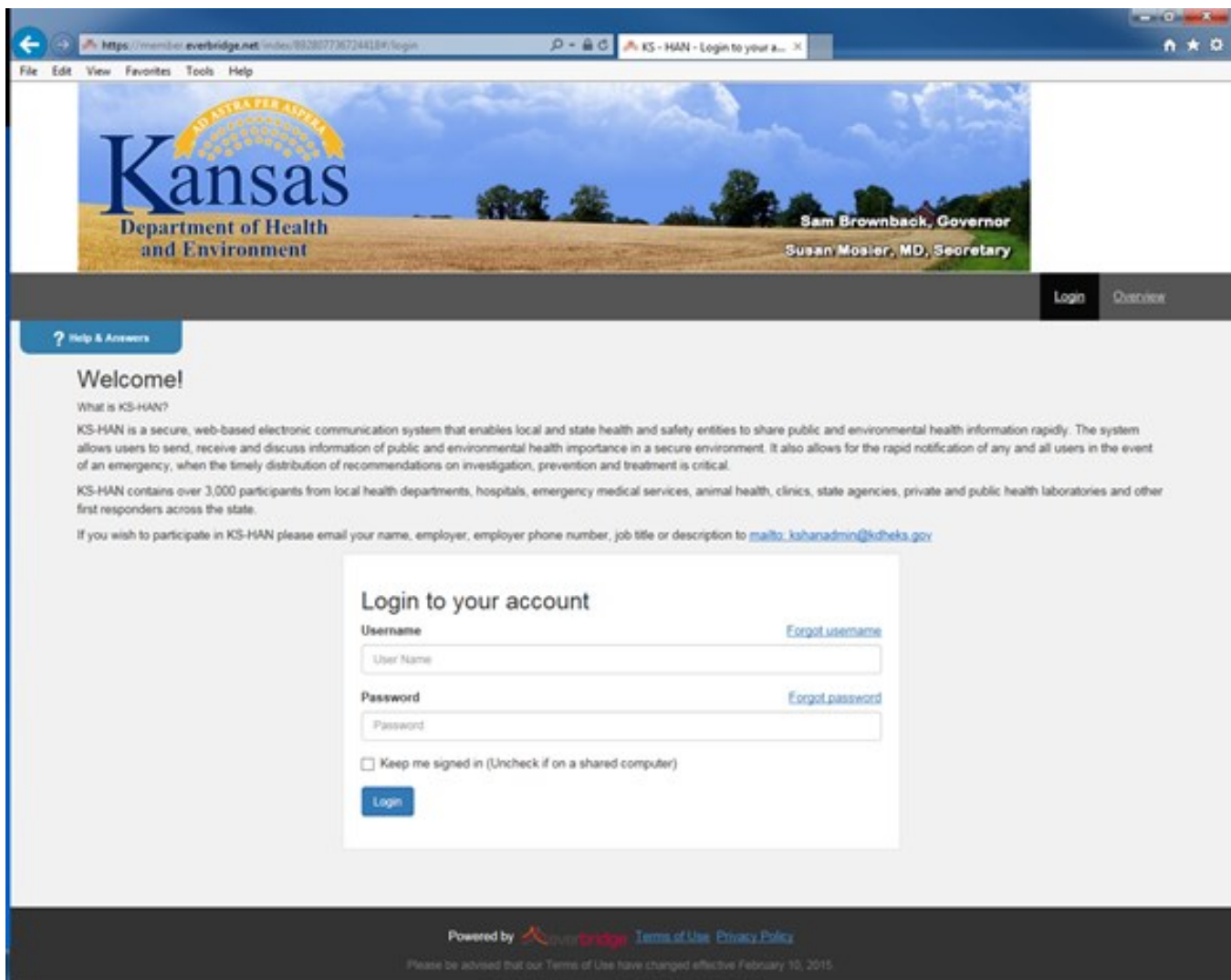
The bottom line is that with an Emergency Preparedness plan, along with a strong Communications and Media plan, any organization can deal with an emergency, preserve life and property, and possibly enhance its reputation in the public’s mind.



# KS-HAN Alerts & Your Facility

What exactly is the Kansas Health Alert Network and how can it benefit members registered at my facility? KS-HAN (Kansas Health Alert Network) is a means by which information is shared rapidly and widely to registered members via text, e-mail and phone call when necessary. KS-HAN allows various local, state and county partners to receive important public, environmental, and/or animal health information.

If you or your facility is interested in signing up for KS-HAN or would like some additional information, please contact the KS-HAN Administrator at [kdhe.kshanadmin@ks.gov](mailto:kdhe.kshanadmin@ks.gov) or by calling 785-291-3713.



The screenshot shows a web browser window with the URL <https://member.everbridge.net/index/952677367244184/login>. The page features a header banner for the Kansas Department of Health and Environment, including the state seal and names of Governor Sam Brownback and Secretary Susan Mosier, MD. Below the banner, there is a 'Welcome!' section with a 'What is KS-HAN?' heading. The text describes KS-HAN as a secure, web-based electronic communication system for sharing public and environmental health information. It mentions that the system contains over 3,000 participants from various health-related entities. A link is provided for those interested in participating: <mailto:kdhe.kshanadmin@ks.gov>. The main content area contains a 'Login to your account' form with fields for 'Username' (labeled 'User Name') and 'Password'. There are links for 'Forgot username' and 'Forgot password'. A checkbox option 'Keep me signed in (Uncheck if on a shared computer)' is present, followed by a 'Login' button. The footer indicates the system is 'Powered by everbridge' and includes links for 'Terms of Use' and 'Privacy Policy'. A note at the bottom states: 'Please be advised that our Terms of Use have changed effective February 10, 2015.'

# Emergency Public Notification System Options cont.

Alerts received through the WEA include:

- Extreme weather warnings
- Local emergencies requiring evacuation or immediate action
- AMBER Alerts
- Presidential Alerts during a national emergency

Alerts received at the right time can help keep you safe during an emergency. With WEA, alerts can be sent to your mobile device when you may be in harm's way, without need to download an app or subscribe to a service. This service will travel with you and is not based upon a specified home location. WEA uses radio technology to broadcast the alert from cell towers to mobile devices in the area of the threat.

For information about which mobile devices are WEA-capable and carrier participation, please visit <http://www.ctia.org/wea> or contact your wireless carrier.

For more information on Weather-Ready Nation and Wireless Emergency Alerts visit: <http://www.nws.noaa.gov/com/weatherreadynation/wea.html>

For information about alert notifications within your county contact your local emergency manager.

## Access & Functional Needs

By Anthony Fadale, State ADA Coordinator

Communication is one of the core principles of the CMS Rule and the seventeen various facilities that are covered. Since communication is so broad and its various modes are so vast it is important to bear in mind some basic principles.

In order for there to be communication, particularly people with access and functional needs it must be meaningful and effective. Put simply the mode used must be understood both ways: the one providing it and receiving it. This is particularly true during an emergency situation where action by staff and patients and family will have limited time to implement the principles of the plan you have developed.

The rule has certain requirements and exceptions based on which type of facility is being covered so please evaluate the specific requirements for your facility. These communications requirements appear to focus primarily inside the facilities and the patients and families. You should also consider how you have to communicate with your employees (call trees is example). Again you need to consider the most effective forms of communication based on the specific requirements of patients, family and the rule as it applies to your facility.

## Contact Us

KDHE Health Facilities  
P—785.296.0131  
[Jim.Perkins@ks.gov](mailto:Jim.Perkins@ks.gov)

KDHE Preparedness  
P-785.296.7100  
[KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov)

Kansas Division of Emergency Management  
[Bryan.D.Murdie.nfg@mail.mil](mailto:Bryan.D.Murdie.nfg@mail.mil)

Kansas Department on Aging and Disability Services  
[Denise.German@ks.gov](mailto:Denise.German@ks.gov)

Office of the State Fire Marshal  
[Brenda.McNorton@ks.gov](mailto:Brenda.McNorton@ks.gov)

Kansas Hospital Association  
P— 785.276.3125  
[rmmarshall@kha-net.org](mailto:rmmarshall@kha-net.org)

Kansas Home Care Association  
P— 785.478.3640  
[khca@kshomecare.org](mailto:khca@kshomecare.org)

Centers for Medicare & Medicaid Services  
[victoria.vachon@cms.hhs.gov](mailto:victoria.vachon@cms.hhs.gov)

Accessibility Issues  
P— 785.296.1389  
[Anthony.Fadale@ks.gov](mailto:Anthony.Fadale@ks.gov)

Kansas Health Care Association  
P— 785.267.6003  
[khca@khca.org](mailto:khca@khca.org)